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P. O. BOX 368 RIDGEFIELD, CT 06877-0368				(Depositor's name)		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/772,806 02/05/2004		Nikolaus Osterrieder	0	1-1199-1-C1	5527	
TILE OF INVENTION		OSOMES COMPRISING				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/26/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
BLUMEL, BENJAMIN P		1648	536-023100		· · · · · · · · · · · · · · · · · · ·	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Boehringer Ingelheim Vetmedica GmbH, Ingelheim, Germany Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) ✓ Issue Fee ✓ Publication Fee (N ✓ Advance Order	lo small entity discount p		 Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2955 (enclose an extra copy of this form). 			
5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ \text{L} a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. \\ \text{ \text{L} b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). \\ NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the accepted from anyone other party in the accept						
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than t Office.	he applicant; a registered	attorney or agent; or t	he assignee or other party in
Authorized Signature /Mary-Ellen M. Devlin/			December 22, 2008			
	_e Mary-Ellen M		Registration No. 27,928			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						
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